

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044365

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11247

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

2 201

3

4 0

5 1

6

7 0

8 2

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10

11

12 6-3-0

13

63

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. ~~FILED~~ NOV 30 1962

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Incarnate Word Hosp.

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO b. COUNTY

c. CITY OR TOWN St. Louis Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 6442 a Alabama Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Henry G Hinrichs

4. DATE OF DEATH

Month

Day

Year

Nov. 22, 1962

5. SEX  
male

6. COLOR OR RACE  
white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
5/22/96

9. AGE (last birthday)  
66

IF UNDER 1 YEAR  
Months Days Hours Min.

IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Contractor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY  
US A

13a. FATHER'S NAME

Henry Hinrichs

13b. MOTHER'S MAIDEN NAME

Pauline Graeper

14. NAME OF HUSBAND OR WIFE

Kathryn Hinrichs

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT  
Kathryn Hinrichs 6442a Alabama Ave.

Address

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction  
Coronary artery disease  
4201

INTERVAL BETWEEN  
ONSET AND DEATH  
6 hrs.  
June 1961

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 12, 1948 to Nov. 22, 1962 and last saw her alive on Nov 22, 1962  
Death occurred at 12:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph E. Carney MD

22b. ADDRESS

2601 a So Jefferson

22c. DATE SIGNED

11-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
removal

23b. DATE

11/26/62

23c. NAME OF CEMETERY OR CREMATORY

St. Trinity Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo

24. FUNERAL DIRECTOR

ADDRESS

Edward Fendler 5611 South Grand Blvd.

25. DATE RECD. BY LOCAL REG.

NOV 23 1962

26. REGISTRAR'S SIGNATURE

Paul Smith MD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edw. J. Fendler

Licensed Embalmer No. 5194

P. O. Address, St. Louis, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.